



<b>FREE TRANSMITTAL</b>		<i>Complete If Known</i>	
		Application Number	10/618,411
		Filing Date	July 11, 2003
		First Named Inventor	Hwa Liang Ng et al.
		Examiner Name	2877
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Richard A. Rosenberger
TOTAL AMOUNT OF PAYMENT	(\$ ) 1140	Attorney Docket Number	STL11012.00/S104.12-0020

**METHOD OF PAYMENT (Check all that apply)**

- ☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (Please Identify): \_\_\_\_\_
- ☒ Deposit Account - Deposit Account Number: 23-1123    Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayment of fee(s)    ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
28	- 20 or HP = 3 x	50	= 150

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	360	= 0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1 x	200	= 200

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0 / 50 = 0	(round up to a whole number) x	250	= 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

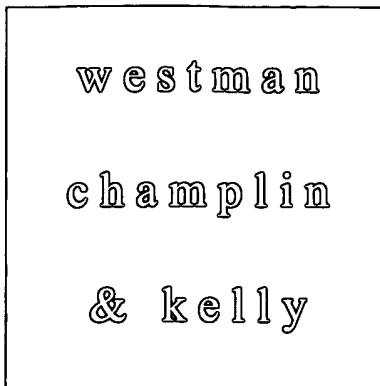
Fee(s) Paid (\$)

790

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,015	Telephone: 612-334-3222
Name (Print/Type)	David C. Bohn			Date: <u>15 Sept 06</u>

The PTO did not receive the following listed item(s) ex-fee 1140.00



September 15, 2006

Rhonda Carl  
Seagate Technology LLC  
Intellectual Property - SHK2LG  
1280 Disc Drive  
Shakopee, MN 55379-1863

Re: United States Patent Application  
For : CONTROLLING COMPRESSIVE FORCE USING  
PRESSURE SENSITIVE FILM  
Serial No. : 10/618,411  
Filed : July 11, 2003  
Our File : S104.12-0020  
Your File : STL 11012

Dear Rhonda:

Enclosed are copies of the Request for Continued Examination and Preliminary Amendment in RCE Application that were filed today, September 15, 2006, with the U.S. Patent and Trademark Office for the above-identified application. If you have any questions or comments, please give me a call.

Very truly yours,

David C. Bohn  
Dbohn@wck.com  
(612) 330-0595

DCB/djb  
Enclosures

**Westman, Champlin & Kelly, P.A.**

Intellectual Property Law ☐ 900 Second Avenue South, Suite 1400, Minneapolis, MN 55402  
△ Phone 612.334.3222 Fax 612.334.3312 Video Conference 612.333.4611 O www.wck.com